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		According to the calculations required by this statement:
In re	dward Nelson & Rose Ann Nelson	The applicable commitment period is 3 years.
m re	Debtor(s)	The applicable commitment period is 5 years.
Case Number:_	5:14-bk-04953	Disposable income is determined under § 1325(b)(3). Disposable income not determined under § 1325(b)(3).
	(If known)	Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STAT ENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedule I and J, this statement must be complete to takement only. at Must be completed by every individual Chapter 13 debtor, whether or not filing

			Part I. REPOR	I OF INCOME				
		а. 🔲	/filing status. Check the box that applies and complete only Column A ("Debtor's In Married. Complete both Column A ("Debtor's Inco	ncome") for Lines 2-10.				
1	si be	x caler efore th	res must reflect average monthly income received fradar months prior to filing the bankruptcy case, ending filing. If the amount of monthly income varied due six-month total by six, and enter the result on the	ng on the last day of the month uring the six months, you must	I	olumn A Debtor's Income	S	olumn B Spouse's Income
2	G	ross w	ages, salary, tips, bonuses, overtime, commission	s.	\$ 1	0,387.04	\$	0.00
3	ar bu D	nd ente usiness o not e	from the operation of a business, profession or far the difference in the appropriate column(s) of Line, profession or farm, enter aggregate numbers and penter a number less than zero. Do not include any pon Line b as a deduction in Part IV.	e 3. If you operate more than one rovide details on an attachment.				
		a.	Gross receipts	\$ 0.00				
		b.	Ordinary and necessary business expenses	\$ 0.00				
		c.	Business income	Subtract Line b from Line a	\$	0.00	\$	0.00
	th	e appr	nd other real property income. Subtract Line b fropriate column(s) of Line 4. Do not enter a number the operating expenses entered on Line b as a decine.	less than zero. Do not include any luction in Part IV.		24 ±		
4		a.	Gross receipts	\$ 0.00				
		b.	Ordinary and necessary operating expenses	\$ 0.00				
		c.	Rent and other real property income	Subtract Line b from Line a	\$	0.00	\$	0.00
5	Ir	iterest	, dividends and royalties.		\$	0.00	\$	0.00
6	P	ension	and retirement income.		\$	0.00	\$	0.00
7	ey pi de	xpense urpose ebtor's	ounts paid by another person or entity, on a regular sof the debtor or the debtor's dependents, include. Do not include alimony or separate maintenance payouse. Each regular payment should be reported in Column A, do not report that payment in Column B.	ling child support paid for that payments or amounts paid by the n only one column; if a payment is	\$	0.00	\$	0.00

									20	~
8	Unemployment compensation. Enter the amount the space benefit under the Social Security Act, do not list or B, but instead state the amount in the space	ompensation received st the amount of such	by you	or you	r spouse	was a n A				
	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$0.00	Spous	e \$ _	0.00		\$	0.00	s	0.00
9	Income from all other sources. Specify sources on a separate page. Total and enter on maintenance payments paid by your spouse, separate maintenance. Do not include any b payments received as a victim of a war crime, international or domestic terrorism.	Line 9. Do not inclu but include all othe enefits received unde	de alimo r payme r the Soc	ny or nts of ial Se	separate alimony curity Act	or				
	a. (H),			\$	0.00					
	b. (w) Disability	Tied I D:	1.1	\$	109.08		\$	0.00	\$	109.08
10	Subtotal. Add Lines 2 thru 9 in Column A, an through 9 in Column B. Enter the total(s).	d, if Column B is con	ipleted,	add Li	nes 2		\$ 10,	,387.04	\$	109.08
11	Total. If Column B has been completed, add I enter the total. If Column B has not been comp A.						\$		10	0,496.12
	Part II. CALCULATION	OF § 1325(b)(4	COM	MIT	MENT	PEF	RIOD)		
12	Enter the Amount from Line 11.								\$ 10	0,496.12
13	Marital adjustment. If you are married, but calculation of the commitment period under § spouse, enter on Line 13 the amount of the incregular basis for the household expenses of yo for excluding this income (such as payment of other than the debtor or the debtor's dependent necessary, list additional adjustments on a separapply, enter zero. a. b. c. Total and enter on Line 13.	1325(b)(4) does not r ome listed in Line 10 u or your dependents the spouse's tax liabi s) and the amount of	equire in, Column and specifity or the income of ditions for the specific s	clusion B that ify, in e spou levote	on of the in at was NC the lines ase's supp d to each	ncome or pai below ort of purpo	e of you d on a v, the b person ose. If	our oasis 18	\$	0.00
14	Subtract Line 13 from Line 12 and enter the								\$ 10	0,496.12
15	Annualized current monthly income for §13 12 and enter the result.	25(b)(4). Multiply th	e amoun	t from	Line 14	by the	numb	ber	\$12:	5,953.44
16	Applicable median family income. Enter the me size. (This information is available by family scourt.)	size at www.usdoj.gov								
	a. Enter debtor's state of residence:Pennsy	lvania b. Enter del	tor's hou	ısehol	d size: _		3		\$ 7	1,119.00
	Application of §1325(b)(4). Check the appl									
17	The amount on Line 15 is less than the a 3 years" at the top of page 1 of this statement					applic	able c	ommitm	ent pe	eriod is
	The amount on Line 15 is more than the is 5 years" at the top of page 1 of this state	e amount on Line 16. ement and continue w	Check th this st	the boateme	ox for "Thent.	ne app	olicable	e commi	tment	period
	Part III. APPLICATION OF § 1325	5(b)(3) FOR DET	ERMI	NIN	G DISP	OSA	BLE	INCO	ME	
18	Enter the Amount from Line11.								\$ 10	0.496.12

									3
19 20 21	Marital adjustment. If you are refany income listed in Line 10, Cof the debtor or the debtor's deperincome (such as payment of the sport he debtor's dependents) and the adjustments on a separate page. In a. b. c. Current monthly income for §1 Annualized current monthly income 12 and enter the result.	folumn B that was adents. Specify, in pouse's tax liability a amount of inconfi the conditions for the condi	NOT the lay or the level of the	paid on a regular basines below, the basis he spouse's support of voted to each purpose ring this adjustment of \$\$\$\$\$\$	sis for the for excluding for exclusive for excluding for exclusive for	ne household experience household experience uding the Column is other than the desarry, list addition pply, enter zero.	nses B ebtor		
22	Applicable median family inco	me. Enter the am	ount	from Line 16.				-	OAC - DO-DIE - DO-SO
22	Application of §1325(b)(3). Ch	20. 5.00 PM (200)			ed.			-	
23	The amount on Line 21 is n under §1325(b)(3)" at the top The amount on Line 21 is n determined under §1325(b)(3 complete Parts IV, V or VI.	of page 1 of this ot more than the	ount o	on Line 22. Check the nent and complete the unt on Line 22. Che	ne box f e remair eck the l	ning parts of this s box for "Disposab	tatemer le incor	\$ 0. \$ 10,496. \$ 125,953. \$ 71,119. is determined ent. ome is not atement. Do	not
	Part IV. CA	LCULATION	OF	DEDUCTIONS	FROM	M INCOME			
	Subpart A: Deduct	ions under Sta	nda	rds of the Intern	al Rev	enue Service	(IRS)		
24A	National Standards: food, appa miscellaneous. Enter in line 24. Expenses for the applicable number the clerk of the bankruptcy court, allowed as exemptions on your for whom you support.	A the "Total" amo per of persons. (The) The applicable	unt fr nis inf numb	om IRS National Star ormation is available er of persons is the nu	ndards for at www. umber th	or Allowable Livi v.usdoj.gov/ust/ or nat would currentl	from y be	\$	1,249.00
24B	National Standards: health care of-Pocket Health Care for persons of-Pocket Health Care for persons www.usdoj.gov/ust/ or from the care persons who are under 65 years of years of age or older. (The application that would currently be allowed a additional dependents whom you under 65, and enter the result in Land older, and enter the result in I the result in Line 24B.	s under 65 years of 65 years of age of lerk of the bankrup f age, and enter in able number of pe is exemptions on y support.) Multip ine c1. Multiply I	f age, r olde ptcy o Line rsons our fe ly line Line a	and in Line a2 the IR er. (This information ourt.) Enter in Line I b2 the applicable num in each age category deral income tax retue a1 by Line b1 to obtal	S Nation is available the amber of its the number, plus tain a total	mal Standards for able at pplicable number persons who are 6 umber in that cate the number of an tal amount for person	Out- of 5 gory y sons ons 65		
	Persons under 65 years of age		Pers	ons 65 years of age of	or older		1		
	al. Allowance per person	60.00	a2.	Allowance per perso		144.00			
	bl Number of persons	3	b2.	Number of persons		0			
	cl. Subtotal	180.00	c2.	Subtotal		0.00		\$	180.00
25A	Local Standards: housing and u Utilities Standards; non-mortgage available at www.usdoj.gov/ust/ c consists of the number that would the number of any additional depo	expenses for the or from the clerk of currently be allow	applice f the lead wed as	cable county and fami cankruptcy court.) The s exemptions on your	ily size. he appli	(This information cable family size	is	\$	613.00

						4
25B	IRS Horis availated consists the num	Standards: housing and utilities; mortgage/rent expense. Enter using and Utilities Standards; mortgage/rent expense for your courable at www.usdoj.gov/ust/ or from the clerk of the bankruptcy cours of the number that would currently be allowed as exemptions on other of any additional dependents whom you support); enter on Life y Payments for any debts secured by your home, as stated in Line e result in Line 25B. Do not enter an amount less than zero.	nty and family size (this i urt) (the applicable family your federal income tax r ne b the total of the Avera	nformation v size eturn, plus ge		
	a.	IRS Housing and Utilities Standards, martage/rental expense	\$ 902.	00		
		Average Monthly Payment for an debt secured by your home, if any, as stated in Line 47	\$ 0.0	00		
	c.	Net mortgage/rental expense	Subtract Line b from Lin	e a.	\$	902.00
26	and 25E Utilities	Standards: housing and utilities; adjustment. If you contend the does not accurately compute the allowance to which you are ent set Standards, enter any additional amount to which you contend you need to the space below:	itled under the IRS Housi	ng and e basis for		0.00
					\$	0.00
27A	regardle Check t are incl If you c Transpo Local S Statistic the bank	e allowance in this category regardless of whether you pay the express of whether you use public transportation. the number of vehicles for which you pay the operating expenses of uded as a contribution to your household expenses in Line 7. Schecked 0, enter on Line 27A the "Public Transportation" amount portation. If you checked 1 or 2 or more, enter on Line 27A the "Operational Transportation for the applicable number of vehicles in cal Area or Census Region. (These amounts are available at www.lkruptcy.court.)	NORTHEAST RE or for which the operating 0 1 2 c from IRS Local Standards perating Costs" amount fro the applicable Metropolite usdoj.gov/ust/ or from the	GION expenses or more. s: om IRS an e clerk of	\$	556.00
27B	expense addition amount	Standards: transportation; additional public transportation ex es for a vehicle and also use public transportation, and you content all deduction for your public transportation expenses, enter on Line from the IRS Local Standards: Transportation. (This amount is as the clerk of the bankruptcy court.)	d that you are entitled to a ne 27B the "Public Transp	ortation" v/ust/ or	c	0.00
26	Local S which y two veh Enter, i (availal Averag	Standards: transportation ownership/lease expense; Vehicle 1. you claim an ownership/lease expense. (You may not claim an ownicles.) 1	nership/lease expense for S Local Standards: Trans rt); enter in Line b the tota in Line 47; subtract Line	icles for more than portation al of the	\$	0.00
28	a.	IRS Transportation Standards, Ownership Costs	1 9	7.00		
	b.	Average Monthly Payment for any debts secured by Vehicle 1 as stated in Line 47	3 50	7.62		
	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from	Line a.	\$	9.38

		tandards: transportation ownership/lease expense; Vehicle 2. Co the "2 or more" Box in Line 28.	mplete this Line only if you		
29	(available Average	Line a below, the "Ownership Costs" for "One Car" from the IRS le at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); Monthly Payments for any debts secured by Vehicle 2, as stated in the enter the result in Line 29. Do not enter an amount less than zero.	enter in Line b the total of the Line 47; subtract Line b from		
	a.	IRS Transportation Standards Swnd ship Costs	\$ 517.00		
	b.	Average Monthly Payment for thy debts secured by Vehicle 2, as stated in Line 47	\$ 408.00		
	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$	109.00
30	all feder	Recessary Expendes: taxes. Enter the total average monthly expense al, state and local axes, other than real estate and sales taxes, such a social security taxes, and Medicare taxes. Do not include real estate	s income taxes, self-employment	\$	3,005.82
31	deductio	Recessary Expenses: involuntary deductions for employment. Entous that are required for your employment, such as mandatory retirer form costs. Do not include discretionary amounts, such as volunts	nent contributions, union dues,	\$	0.00
32	term life	Recessary Expenses: life insurance. Enter total average monthly pre- insurance for yourself. Do not include premiums for insurance on my other form of insurance.	emiums that you actually pay for n your dependents, for whole life	s	12.74
33	to pay pi	Necessary Expenses: court-ordered payments. Enter the total more ursuant to the order of a court or administrative agency, such as spoude payments on past due support obligations included in Line 4	isal or child support payments. Do	s	0.00
34	Enter the	Recessary Expenses: education for employment or for a physicall total monthly amount that you actually expend for education that i ation that is required for a physically or mentally challenged depend on providing similar services is available.	s a condition of employment and	\$	0.00
35		Recessary Expenses: childcare. Enter the total average monthly ame e—such as baby-sitting, day care, nursery and preschool. Do not incuts.		\$	0.00
36	on health	Recessary Expenses: health care. Enter the total average monthly as the care that is required for the health and welfare of yourself or your ance or paid by a health savings account, and that is in excess of the ude payments for health insurance or health savings accounts list	dependents, that is not reimbursed amount entered in Line 24B. Do	\$	586.80
37	actually such as p	Necessary Expenses: telecommunication services. Enter the total a pay for telecommunications services other than your basic home telepagers, call waiting, caller id, special long distance, or internet servialth and welfare or that of your dependents. Do not include any amount of the control	ephone and cell phone service – ce—to the extent necessary for	\$	0.00
38	Total Ex	xpenses Allowed under IRS Standards. Enter the total of Lines 2	4 through 37.	\$	7,223.74
		Subpart B: Additional Living Expense I Note: Do not include any expenses that you have l			

			urance, and Health Savings Acco				
		dependents.					
	a	O) AND ENVIOLENCE OF THE PUBLIC STREET OF THE PUBLI		\$ 447.56	_		
39	b			\$ 0.00	_		
	c			\$ 0.00		6	447.56
	138370000	l and enter on Line 39	*	. 1	127	Φ	447.30
	spac	e below: 0.00	is total amount, state your actual to	tal average monthly	expenditures in the		
			are of household or family memb				
40			ntinue to pay for the reasonable and				
			member of your household or men Do not include payments listed in		ate family who is	\$	0.00
			• 100 • 100 100 100 100 100 100 100 100	APPLICATION OF THE PROPERTY OF	that	-	
41	actu	ally incur to maintain the safet	ce. Enter the total average reasonab by of your family under the Family nature of these expenses is required	Violence Prevention	and Services Act or	s	0.00
	-		al average monthly amount, in exce			1.	0.00
40			s that you actually expend for home				
42			of your actual expenses, and you	must demonstrate	that the additional		0.00
	_	unt claimed is reasonable an				\$	0.00
			nt children under 18. Enter the tota				
			25 per child, for attendance at a pri less than 18 years of age. You mu				
43			penses, and you must explain wh				2.22
			ccounted for in the IRS Standard		en en mandre som var verken en de skape en skapen en de sk	\$	0.00
			pense. Enter the total average mont				
			bined allowances for food and cloth				
44			5% of those combined allowances. erk of the bankruptcy court.) You n				
		unt claimed is reasonable an				\$	0.00
	Cha	ritable contributions. Enter	the amount reasonably necessary f	or you to expend eac	ch month on		
45	char	itable contributions in the forn	n of cash or financial instruments to	a charitable organiz	cation as defined in		
	26 L	J.S.C. § 170(c)(1)-(2). Do not	include any amount in excess of	15% of your gross	monthly income.	\$	10.00
46	Tota	l Additional Expense Deduc	tions under § 707(b). Enter the tot	al of Lines 39 throug	h 45.	\$	457.56
	100		Subpart C: Deductions for D	ebt Payment			437.30
	Fut	ire navments on secured clai	ims. For each of your debts that is s	ecured by an interes	t in property that		
			identify the property securing the				
	Payı	nent, and check whether the pa	ayment includes taxes and insurance	e. The Average Mon	thly Payment is the		
			ontractually due to each Secured C				
		of the Average Monthly Paym	ded by 60. If necessary, list additionents on Line 47	nai entries on a separ	ate page. Enter the		
		or me riverage riveranty rayin	ionis on Emo 17.				
47		Name of Creditor	Property Securing the Debt	Average	Does payment		
				Monthly	include taxes or		
		av. an		Payment	insurance?		
	a.	CHASE	2010 Toyota Prius	\$ 408.00	yes 🕅 no		
	b.	Ford Motor Credit	2012 Ford Escape	\$ 507.62	☐ yes ☑no		
10	c.			\$ 0.00	□ yes v no		
				Total: Add Lines a, b and c		s	915.62
				a, o and c			913.02

48	a motor vehicle, or other prope include in your deduction 1/60 to the payments listed in Line 4 include any sums in default tha	laims. If any of debts listed in Line 47 are stry necessary for your support or the support h of any amount (the "cure amount") that y 7, in order to maintain possession of the pret must be paid in order to avoid repossession chart. If necessary, list additional entries on	rt of your dependents, you may you must pay the creditor in addition operty. The cure amount would on or foreclosure. List and total any		
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount		
	a.	< \ \ \ \ \	\$ 0.00		
	b.		0.00		
	c.	1	\$ 0.00		
			Total: Add Lines a, b and c	\$	
48	Downsonto ou municitico quie	its alaims Enter the total amount divides			0.00
49	priority tax, child support and a	rity claims. Enter the total amount, divided limony claims, for which you were liable a tions, such as those set out in Line 33.		\$	0.00
	Chapter 13 administrative expensions administrative expensions	penses. Multiply the amount in Line a by the.	he amount in Line b, and enter the		
	a. Projected average mon	thly Chapter 13 plan payment.	\$ 1,282.51		
50	schedules issued by the	vour district as determined under Executive Office for United States at www.usdoj.gov/ust/e bankruptcy court.)	4.4 %		
	c. Average monthly admi	nistrative expense of Chapter 13 case	Total: Multiply Lines a and b	\$	56.43
51	Total Deductions for Debt Pa	yment. Enter the total of Lines 47 through	50.	\$	972.05
		Subpart D: Total Deductions from	Income		
52	Total of all deductions from i	ncome. Enter the total of Lines 38, 46, and	51.	\$	8,653.35
	Part V. DETERM	IINATION OF DISPOSABLE IN	COME UNDER § 1325(b)(2)	and the same	
53	Total current monthly incom	e. Enter the amount from Line 20.		\$	10,496.12
54	disability payments for a deper	onthly average of any child support payment dent child, reported in Part I, that you receint reasonably necessary to be expended for	ved in accordance with applicable	\$	0.00
55	wages as contributions for qua	ons. Enter the monthly total of (a) all amore ified retirement plans, as specified in § 541 ment plans, as specified in § 362(b)(19).		\$	0.00
-					
56	Total of all deductions allowed	d under § 707(b)(2). Enter the amount from	m Line 52.	\$	8,653.35
	Deduction for special circum: which there is no reasonable al a-c below. If necessary, list ad Line 57. You must provide you	d under § 707(b)(2). Enter the amount from stances. If there are special circumstances ternative, describe the special circumstance ditional entries on a separate page. Total the our case trustee with documentation of the n of the special circumstances that make	that justify additional expenses for is and the resulting expenses in lines e expenses and enter the total in neses expenses and you must	\$	8,653.35
56	Deduction for special circum: which there is no reasonable al a-c below. If necessary, list ad Line 57. You must provide ye provide a detailed explanation reasonable.	stances. If there are special circumstances ternative, describe the special circumstance ditional entries on a separate page. Total the our case trustee with documentation of the	that justify additional expenses for is and the resulting expenses in lines e expenses and enter the total in neses expenses and you must	\$	8,653.35
	Deduction for special circum: which there is no reasonable al a-c below. If necessary, list ad Line 57. You must provide ye provide a detailed explanation reasonable.	stances. If there are special circumstances ternative, describe the special circumstance ditional entries on a separate page. Total the our case trustee with documentation of the of the special circumstances that make	that justify additional expenses for is and the resulting expenses in lines e expenses and enter the total in neses expenses and you must such expenses necessary and	\$	8,653.35
56	Deduction for special circums which there is no reasonable al a-c below. If necessary, list ad Line 57. You must provide your provide a detailed explanation reasonable. Nature of sp	stances. If there are special circumstances ternative, describe the special circumstance ditional entries on a separate page. Total the our case trustee with documentation of the of the special circumstances that make	that justify additional expenses for and the resulting expenses in lines e expenses and enter the total in neses expenses and you must such expenses necessary and Amount of expense	\$	8,653.35
56	Deduction for special circums which there is no reasonable al a-c below. If necessary, list ad Line 57. You must provide ye provide a detailed explanatio reasonable. Nature of sp. a.	stances. If there are special circumstances ternative, describe the special circumstance ditional entries on a separate page. Total the our case trustee with documentation of the of the special circumstances that make	that justify additional expenses for and the resulting expenses in lines e expenses and enter the total in the expenses and you must such expenses necessary and Amount of expense	\$	8,653.35

	the res	sult.	\$ 8,653.35				
59	Mont	hly Disposable Income Under § 1325(b)(2). Subtract Line 5	58 from Line 53 and enter the result. \$ 1,842.77				
		Part VI: ADDITIONAL EXE	PENSE CLAIMS				
	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required and welfare of you and your family and that you contend should be an additional deduction from your current under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect monthly expense for each item. Total the expenses.						
60	Ш	Expense Description	Monthly Amount				
	a.	Wellness deduction physical therapy from pay	\$ 30.76				
	b.	Annual Practice Licenses	\$ 87.50				
	c.		\$ 0.00				
	Ш	Total: Add Lines a, b	and c 118.26				
		Part VII: VERIFIC	CATION				
	both a	are under penalty of perjury that the information provided in the debtors must sign.) Date: October 27, 2014 Signature: / S / Ja	his statement is true and correct. (If this a joint case, mes Edward Nelson (Debtor)				

	FOFM 22	Contin	uation Sheet		199
ncome Month 1			Income Month 2		
Gross wages, salary, tips	10,387.04	0.00	Gross wages, salary, tips	10,387.04	
Income from business	0.00	0.00	Income from business	0.00	
Rents and real property income	0.00	0.00	Rents and real property income	0.00	(
Interest, dividends	0.00	0.00	Interest, dividends	0.00	
Pension, retirement	0.00	0.00	Pension, retirement	0.00	(
Contributions to HH Exp	0.00	0.00	Contributions to HH Exp	0.00	(
Unemployment	0.00	0.00	Unemployment	0.00	
Other Income	0.00	109.08	Other Income	0.00	10
Income Month 3			Income Month 4		
Gross wages, salary, tips	10,387.04	0.00	Gross wages, salary, tips	10,387.04	,
Income from business	0.00	0.00	Income from business	0.00	(
Rents and real property income	0.00	0.00	Rents and real property income	0.00	(
Interest, dividends	0.00	0.00	Interest, dividends	0.00	(
	0.00	0.00	Pension, retirement	0.00	(
Pension, retirement Contributions to HH Exp	0.00	0.00	Contributions to HH Exp	0.00	(
	0.00	0.00	87		(
Unemployment Other Income			Unemployment Other Income	0.00	
	0.00	109.08	Other income	0.00	109
Income Month 5			Income Month 6		
Gross wages, salary, tips	10,387.04	0.00	Gross wages, salary, tips	10,387.04	(
Income from business	0.00	0.00	Income from business	0.00	(
Rents and real property income	0.00	0.00	Rents and real property income	0.00	(
Interest, dividends	0.00	0.00	Interest, dividends	0.00	(
Pension, retirement	0.00	0.00	Pension, retirement	0.00	(
Contributions to HH Exp	0.00	0.00	Contributions to HH Exp	0.00	(
Unemployment	0.00	0.00	Unemployment	0.00	(
Other Income	0.00	109.08	Other Income	0.00	109
	Additional It	tems as I	Designated, if any		
Contributions to HH Exp Unemployment	0.00 0.00 0.00	0.00 0.00 109.08	Contributions to HH Exp Unemployment	0.00 0.00	